**Canadian Institute for Child & Adolescent Psychoanalytic Psychotherapy**

**APPLICATION FOR ADMISSION**

I. **PERSONAL DATA**

LEGAL NAME:

RESIDENTIAL ADDRESS:

PERMANENT ADDRESS: (check if the same as residential) □

*\*Note: all correspondence will be sent to permanent address*

RESIDENTIAL PHONE:

CELL PHONE:

WORK PHONE:

EMAIL ADDRESS:

GENDER: □M □F □Other

CURRENT EMPLOYER:

YOUR CITIZEN­SHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are **not** a Canadian citizen, do you have Landed Immigrant Status:

□YES □NO

SOCIAL INSURANCE NUMBER:

*(required for CRA T2202 education & tuition credits certificate)*

II.**EDUCATION**

Please list colleges, universities, or other schools attended, and the degree or diplomas obtained. Include Dates:

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III. **WORK EXPERIENCE**

Please list, with details specified below, your last three employers, beginning with your current or most recent position.

A) **NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

B) **NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

C) **NAME OF EMPLOYER**

ADDRESS

POSITION(S) HELD

DATE OF EMPLOYMENT: (FROM) (TO)

SUPERVISOR(S)

**Additional Comments**:

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IV. Please prepare (on separate pages) a personal account of why you wish to pursue this training, how it relates to your past and future career and life goals. The account should include a history of your profes­sional involvement with children, and the reasons you feel able to undertake the training program in your present life circumstances.

V. Please send, along with the completed Application....

a) Your academic transcripts **\***

b) Three confidential letters of recommendation, at least two (2) of which must be from recent supervisors or administrators well acquainted with your work **\***

c) A cheque or money order for **$300.00** made payable to the "Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy" or “CICAPP”. This is also payable by e-transfer to [payments@cicapp.ca](mailto:payments@cicapp.ca) or by credit card online at [www.cicapp.ca](http://www.cicapp.ca)

***Please note:*** The application fee is **not** refundable.

*Mail to:* Dena Tenenhouse Chair of Admissions

Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy (CICAPP)

Mailing Address: 4711 Yonge Street 10th floor , unit 10002 Toronto On M2N 6K8

**\*** If these documents cannot accompany the application form, please ensure that the materials follow as soon as possible after the application form. Your file must be complete prior to admis­sion interviews.

**VI. APPLICANT CERTIFICATION**

I hereby certify that all of the information I provided on this application form for the CICPAP Training Program in Psychotherapy is true and accurate to the best of my knowledge.

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Signature Date